

THE  
**LOUISVILLE MEDICAL NEWS:**

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

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THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, JUNE 21, 1884.

## Medical Societies.

### THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Twenty-ninth Annual Session, held at Bowling Green, June 3, 4, and 5, 1884.

(Reported by A. H. KELCH, M. D.)

[CONCLUDED.]

### WEDNESDAY AFTERNOON.

At the conclusion of the discussion of the report of the Committee on the Improvements in Surgery, Dr. James S. Parrish, of Glasgow Junction, reported the following case :

May 22, 1878, Mrs. R., aged forty-three, twenty years married, without children, was found to have an enlargement of the right ovary, which had been perceptible for the past six months. The *uterus* or tumor presented itself in the umbilical region, having a hard, *movable surface*, being a little to the right of median line. Upon examination by vagina the os uteri is found high up in the hollow of the  *sacrum* and turned back toward the vaginal cul-de-sac, very much shortened, and presenting a broad, indurated surface.

"At the end of the examination," says the doctor, "the diagnosis not being made out (though I gave it as my opinion that it was an ovarian tumor), we all agreed to give the patient some general alternative treatment, and trust a while to nature. I heard no more of the case until June 3d, at which time I received a dispatch to meet the doctors at Smith's Grove, for the purpose of *aspirating* the tumor. After another consultation, in which Dr. George Erwin was present, we agreed to aspirate the tumor with a view of its *shedding* more light upon the case. This was done on the 4th of June, and a small quantity of straw-colored fluid drawn off, when, *syncope supervening*, the operation was deferred and another consultation held. The day following, and for several days subsequently, the pulse was 110 to 118, and temperature  $100.5^{\circ}$  to  $102^{\circ}$ , followed by diarrhea; she was removed to her home, in the country about fourteen miles, on the seventeenth day after the operation. About a week after she was seized with severe pains, and the husband, a minister, sent for the nearest physician, about two miles dis-

tant; and while awaiting his arrival his wife was over the vessel, when she felt something give way and *commenced passing the mass by way of the bowel*. The husband grew very much excited to see this, and on the arrival of Dr. H. he expressed it as his opinion that the sac of the tumor had passed. The doctor submitted the case, with a hope that the Society would express an opinion as to whether or not it is an ovarian tumor with sloughing and spontaneous cure, or what character of tumor it might be?

[NOTE.—It seemed to be a general impression among the members of the Society, privately expressed, that Methodist ministers, as a rule, were not sufficiently acquainted with the minute anatomy of the female at this point to be able to state definitely, especially when excited, whether a tumor, or "mass of flesh" as it was termed, was passing from the bowel or vagina.—REP.]

Dr. Pinckney Thompson, of Henderson, read a paper on Typhoid Fever. He said :

As I am on record, in the last publications of the Kentucky State Board of Health, as to the etiology of typhoid fever, it is not now necessary for me to repeat views already expressed. In the limited time of a paper before the State Society it is impossible to speak of its pathology, and I have therefore to-day concluded to speak concerning its treatment. It is of the utmost importance that an early diagnosis should be made. When a doubt exists as to the character of the case, which is not infrequent, as sometimes continued malarial fever closely simulates it, my advice is to test it with such remedies as will remove the doubt as to its malarial character. This being done, and the typhoid nature of the disease established, the most important matter is to consider what are the dangers and what the remedies as the case progresses. Typhoid fever is a disease that has a distinct clinical history and runs a distinct course, and in my judgment is never aborted by remedies. The two first great important conditions to consider are the heat that necessarily develops, the fire, if you will, to which in my judgment and experience, the majority of patients succumb, and the involvement of the heart in the way of partial paralysis. In making the diagnosis of typhoid fever it is not necessary to regard some disturbance of the alimentary canal as an essential factor in establishing the existence of the disease. In some cases of the most inveterate type I have found no such disturbance, but, on the other hand, a sluggishness amounting to constipation. One

case in particular impressed me. I saw, in consultation some three years ago a young lady twenty-two years of age. She had been sick twenty-two days. When I first saw the case I pronounced it typhoid fever. Four days later she died, and twenty-four hours after death the autopsy revealed a perforation of the ileum.

In controlling the heat that is usually developed in this disease there is nothing so efficient in my experience as cold water. The water need not be so cold as to produce the shock, which is objectionable. I do not believe it necessary even to have it below seventy-five or seventy-six nor above ninety degrees. It abstracts the heat, and should be repeated as often as necessity requires, guided by the thermometer. The manner of applying it is of the utmost importance. The immersion bath has been recommended. This not only involves considerable expense and inconvenience, but is oftentimes impossible to accomplish. I prefer the sponge bath, which is easily applied, not expensive, and in the hands of every one. It should be used as heat demands. The next important thing is to sustain the heart's action, and the best agent to accomplish this and lower the temperature is, in my experience, alcohol. Another important remedy for reducing the temperature and controlling the circulation in the early stages is salicylic acid in ten, fifteen, or twenty-grain doses. It must be watched, however, on account of its depressing effect upon the heart. Digitalis in connection with mineral acids, as recommended by Dr. Flint, especially in connection with phosphoric acid, has given in my hands excellent results. I have also given the acids with strychnine. In the latter stages of the disease, used in connection with belladonna, the heart's action is sustained while at the same time the bowel troubles have been greatly mitigated. When, in spite of all, excessive diarrhea with a tendency to fatal hemorrhage supervenes, I know of nothing better than opium and subnitrate of bismuth. An important feature of typhoid is the frequency with which intolerance on the part of the stomach manifests itself. I have seen cases in which ice and subnitrate of bismuth were promptly expelled yield at once to iodide largely diluted in water, given every thirty to sixty minutes or two hours as the case may require. It is not necessary here to speak of the necessity for cleanliness in all respects. In conclusion, let me assure you, gentlemen, there is no disease the physician is called to treat that demands from first to last a more rigid adherence to the principle of systematic treatment than typhoid fever.

Dr. J. L. Taylor, of Greencastle, reported a case of typhoid fever which presented a typical history of the disease up to the eleventh day, at which time the temperature fell to 97°, and continued so through all the remainder of the case, which was characterized by the usual symptoms up to the twenty-second day, when it rose to 99°, and continued to vary for a few days, when convalescence was declared.

Dr. Wm. Bailey, of Louisville, said:

I regret exceedingly that the first paper did not discuss the disease rather than the treatment, be-

cause the whole rational treatment of the disease depends upon the conception of it which is formed. I think it a specific infectious disease, due to a poison which produces it and no other malady. I believe it to be due to bacteria; that we have the passage of it through the system, bringing about a group of symptoms, separate and distinct, which we call typhoid fever.

With this consideration, then, we would be prepared to discuss the paper by Dr. Thompson. This specific poison in the system brings about many important changes besides those it works in the alimentary canal. Not more than ten per cent of the fatal cases occur through any lesion of the intestinal tract, though diarrhea and hemorrhage and perforation are factors we must not neglect. The danger is in exact proportion to the duration of the elevation of temperature. Elevation unduly prolonged lies at the root of most cases. I am a confident believer in the benefit that comes from the reduction of temperature by antipyretics. Of them some have been commended, some rejected. I think no man, since the article on typhoid fever (Leibermeister), has a right to reject these remedies until they have been given an extensive and impartial trial. No man ought to speak against the antipyretic efficiency of quinine until he has given it in antipyretic doses. I know of no reason why quinine should be more objectionable to the stomach than salicylic acid. Alcohol, when we begin to near the natural termination of the disease, meets a good indication in supporting a weakened heart. To it alcohol acts in the nature of both the "oats and the spur." It feeds the heart by the stimulation and dilation of its own vessels, and, as to quinine, I would advocate its employment in antipyretic doses whenever the thermometric record runs above 104°. This occurs about the third week of the disease. Having given a decided dose, say twenty grains, I should expect to find no indication to repeat it short of forty-eight hours, because the temperature does not readily rise.

Dr. J. A. Larrabee said:

I desire to congratulate the Doctor on the course advocated, as it exhibits a disposition in the management of typhoid fever to return to first principles. It is beginning to be discernible in the discussion of societies, that symptoms which are valuable to the physician at the bedside, exert a controlling influence upon the measures of treatment adopted.

All rational physicians ordinarily, at some time in the course of typhoid fever, resort to the use of alcoholic stimulants. That alcohol reduces temperature can no longer be doubted; the manner in which it does so should occupy some attention. I can not agree with Dr. Bailey that it acts as the "oats and the spur." It decreases temperature by paralysis of the arterioles, allowing the blood to flow more freely to the surface. If this be the case, it must lessen instead of increase arterial tension.

In regard to salicylic acid, I must add my testimony, from my own experience, to that which has gone before, that while it is a very powerful agent to reduce temperature, it does it at the expense of the circulatory system. It produces exactly the same disturbance as quinine, only more intense.

Digitalis I recognize as a heart-food; but even it must be used with caution, for it is not without danger. The heart belongs to the body and shares in the general debility, and under digitalis too great a muscular tension may destroy life by the spasmodic closure of the ventricle.

With regard to the management of the intestinal trouble, turpentine has long enjoyed a deservedly high place in professional estimation. When the dry tongue appears, when there are present evidences of inflammation of the mucous membrane, then the astringent, alterative effect of turpentine is desirable.

The thermometer is undoubtedly a great benefit to the physician in these cases of typhoid fever. By watching its workings the danger is frequently pointed out before it is upon the patient. That high temperature is a factor in producing death can not be doubted. That we can abort the disease is not held at the present time; we are, therefore, in for the management of it, and the word management is, perhaps, more expressive of our object than the word treatment.

With regard to the reduction of temperature by water, I think it a good plan, but I would not advocate the immersion of the body; especially are the movements necessary to accomplish this of great harm in the trembling stage of the disease.

In malarial districts we often have a prodromal stage resembling typhoid fever, and this followed only by malarial fever, but by practice the early indications of typhoid fever become impressed upon the physician. There is a manner, an appearance, a language of the body, that stamps the man who is about to develop this disease and marks it above every thing else.

Dr. Vandell said in substance:

I feel really there is no subject that possesses more interest than this, because it is a general interest. It is interesting to me to note the treatment at the present as compared with the treatment twenty-four or five years ago, which I suppose was fairly represented in the treatment of my own case at that time. I thought it was malarial in the beginning, and I took forty grains of quinine, which served to increase my headache and general discomfort. Dr. Rogers came and prescribed sixty other grains in three separate doses. I was soon very deaf, and have not recovered to this day, not because of the quinine but because of other troubles. Rogers thought I stood a good chance of dying in the first week of nausea, but I finally passed over that period, and then during eight other weeks I was delirious. Throughout the whole of that time I was required to take food every three hours, and then every two hours, and finally every hour. I was constipated for a week at a time; at the end of the week I would have an injection, and finally, three weeks after the delirium had passed, I was able to stand up. I am satisfied that in this case food was oftentimes given at the expense of my convenience, therefore in my own person I have been trying Tanner's method somewhat. In an attack of rheumatism some two years ago, thinking it might possibly help me, I made a fast of eleven days, but it did no good. I commenced taking food again, and in due time the rheumatism passed off. In the winter just passed I fasted twenty-one days—literally without food. At the end of that time I did not feel any particu-

lar inconvenience or loss of strength. In the last two years I have treated five cases of typhoid fever in this way, that is, I have been governed entirely by the desires of the patient. Food was forced upon me for nine weeks; I took it never without remonstrance, always with disgust. Last July I treated a case in the person of a young man from Lexington. He went seventeen days with about two or three glasses of water; during that time he had one or two actions from his bowels, on the twelfth day a little diarrhea, for which he took some chalk mixture. He made a good recovery; got well somewhat more rapidly, I think, than ordinary cases. I was gratified. Touching the use of quinine, in 1865 Dr. Rogers and myself were thrown much together. The result of his experiments and my own, carried out through '65 and '66, was to this effect: That at no time in the history of typhoid fever, or typho-malarial, did quinine produce any perceptible good; but after the fever began to subside, to show some disposition to take a periodical form, it was beneficial. I was quite surprised to hear a gentleman say he had encountered no inconvenience from these large doses of quinine. My observation has been just the reverse. The sixty grains made me just that much more wretched, irritable, and excited. I remember to have seen a case in consultation with Dr. Foree—and I think he was one of the most sagacious practitioners I have ever known—in which the disease, in the person of a doctor, lasted twenty weeks. Time and time again the question was discussed between us, when his temperature ran high, still we withheld it till the fever showed a disposition to abate or show a periodical type. At the end of that time it fell to a hundred degrees, then rose to hundred and two degrees. Foree said now was the time for quinine. I gave him ten-grain doses every two hours until he had taken forty grains. It reduced his temperature and it remained down from twelve to eighteen hours, then it went to one hundred and four again. There is the experience of Rogers and Foree. My own is to the effect in typhoid fever precisely as in surgery. You can reduce the temperature with quinine or salicylic acid as low as you choose and keep it there under the continued administration of the drug, but the moment you withhold it the temperature goes back to where it was and sometimes beyond. I have yet to see that quinine possesses any real power over the course and progress of that malady.

Now with reference to the use of water. The application of the wet sheet, as practiced with my father, won the prize for the best essay on this fever in 1840. I was glad to hear the gentleman say he used hot water. It réduces the temperature in the course of an hour, and I think it a good plan to sprinkle the blanket with water at such a temperature as proves grateful to the patient. So, then the three points I make are, first, as to food; next, that quinine possesses no curative powers whatever in this disease, and whatever good it does is purchased at the expense of the comfort and convenience of the patient; and next, that water is the best antipyretic when properly used that we possess for this disease.

Dr. Holland agreed with Dr. Bailey as to the efficiency of large doses of quinine at long intervals, and had seen excellent re-

sults from the practice. Given fifteen grains in the early morning patients will rest comfortably throughout the day frequently, and pass a better night, feeling refreshed from its effects.

At the conclusion of this discussion Dr. D. W. Yandell presented to each individual member of the Society a memorial of the late Prof. Gross, neatly printed on handsome sheets for framing.

Dr. A. W. Johnstone, of Danville, read a paper on Bigelow's Lithoplasty. He began by urging on the profession a more careful study of their urethro-vesical cases, stating that as they are now managed many stones are found for the first time on the autopsy table. Before we had so many instruments of precision this might be pardonable, but now a practitioner is as much to blame for letting a man die with a stone in his bladder as he was in the old times for cutting him when none existed. Stone is never the disease itself, but always a symptom or complication of some other trouble, and therefore it should be carefully and repeatedly sought for in all persistent cases. By personal experience he recommended the use of Cameron's stethoscope in auscultating the vesical region while the sound was moved about the bladder, as it magnifies the sounds of small and soft phosphatic stones as well as giving an intelligent idea of the condition of the vesical wall. The statistics which he gave on the various methods of removal were: for lithotomy, one death in eight between seventeen and forty, and one in four above that age, while nearly all recover below it.

The best that ordinary lithotomy had ever done, in spite of the most careful selection of cases, was one in seventeen, whereas lithoplasty taking nearly all stones and conditions known to adult life and loses only one in thirty-three and one third.

Formerly only small, soft stones in otherwise healthy patients were crushed; now, however, hard uric, weighing as much as one thousand grains, and good-sized oxalates are successfully removed from patients with almost all sorts of known complications, the ægalic obstructions only serving to make us more careful in the operation. F. N. Otis made this operation possible by demonstrating the real caliber of the urethra; but to Bigelow belongs the credit of connecting the tolerance of the bladder, as had already been seen by several, with Otis's idea, and thus lithoplasty was born.

The operation is being done on a large

scale all over the known world, except in the Western, Middle, and Southern States. The only reason that he could give for its backwardness in these sections, was the proverbial dislike of the surgeons for details. For, as in ovariotomy and extraction of cataract, it is now proved that it is gentleness, and not dash, that the bladder most approves.

He then gave a case in detail, from which, two months before, he had removed three hundred grains of phosphates through the narrow urethra of an enlarged prostate, the patient receiving great relief. As he did not stand the anesthetic well, the operation had to be stopped before all the fragments could be removed, about forty grains having passed since. From the paresis caused by the hyperdistension of the bladder from the large amount of water used, the organ can not wound itself on small particles left behind, and we do not fear the same reactions that occur when only the amount that the viscus is accustomed to is used. However, we should not trust to this except when we are forced to, but should remove every particle that can be found. As the prostatic bar could not safely be removed, he expected to have to watch his patient carefully for some time to come, as it might again start the same chain of sequences, and, like Thompson, might repeatedly have to remove small concretions. But as he was sixty-nine years of age he did not fear much reaction, for, like Freyer, of Calcutta, he thought the young and strong were more liable to urethral fever. In speaking of the complications of stone, he said he wanted to enter a protest to what he had once heard a leading surgeon on the New York Hospital staff say, and that was that by no known method of examination of the urine could we get a satisfactory idea of the mischief that has been done to the kidney by this sort of irritation. Time would not permit him to speak in detail, but he was sure that close study of the renal detritus would reveal its true condition. Large oxalate and sacculated stones must still be cut. The dangers of the operator's own making begin with the selection of instruments, and last all the way through. No step is free from danger to the patient and disaster to the operator if he does not know what to do, and how to do it gently. After going over the various accidents that are most liable to happen to an operator, and giving the way to prevent each, he wound up with the statement that "the greatest dangers are of

the surgeon's own making, and it behooves him not only to be careful in the selection of his instruments, but in every movement he makes with them. No one should undertake this who is not personally familiar with all the urethro-vesical disorders, and who is not already a tried surgeon, for in no position could an excited operator do more harm. To those stone operators who have not yet learned this method, I would say, learn it as quickly as possible, for the time is not far off when you must use it or give up your practice. The professional eye is rapidly learning to read the 'handwriting on the wall,' and be assured that it will be but a short time before the uninitiated will with them exclaim, 'Mene, Mene, Tekel, Upharsin.'

Dr. D. W. Yandell, of Louisville, said :

I may state what will probably interest the Society, that the two men who attracted the most attention at the International Medical Congress two years ago, after Pasteur, were Bigelow and Billings. Bigelow handles his instrument like a magician. My own experience with instruments is that after they are tested they are more liable to break than before. I had one of Bigelow's instruments sent to me by his own maker, and the first attempt I made to use it it broke, and I had afterward a very difficult cutting operation to do to get out the fragment as well as the stone. Fortunately the case recovered.

Dr. Dudley S. Reynolds, speaking on the Inflammations of the Iris, said in brief :

In order that proper discrimination be made between various forms of inflammation of the iris, and to distinguish these from malarial, tubercular, and that accompanying certain tumors which are liable to develop in this structure, a little attention ought to be given to the anatomical peculiarities of the iris. It is a network of yellow elastic fiber with fine connective-tissue fiber holding the pigment in place. The pectinate ligament of the iris, which is formed by deflection of the posterior elastic layer of the cornea, serves not only to bind the iris securely to the cornea, but the slips of this ligament are divided continuously to their point of attachment by fusion with the sheath of the constrictor pupillæ muscle. The sphincter muscle of the pupil is the only muscular structure in the iris. It has no radiating muscular fibers as some seem to think, and as has been long taught by book-makers; it has no arteries or veins. Its blood supply comes from a large number of minute arterioles belonging to the long ciliary arteries. These arterioles supply the network of capillary vessels which ramify the interstices of the iris and terminate in venules, which begin at the periphery of the iris and lead into the sinus called the canal of Schlemm. This canal contains a plexus of veins and a large number of lymphatic vessels. When the pupil of the eye is contracted the iris is brought more firmly into contact with the capsule of the crystalline lens. Any irritation in the nature of congestion contracts the pupil, and even the mildest form of inflammation of the iris will in a

short time develop adhesions at the point of contact between the iris and the capsule of the lens. This is the great danger in all inflammations of the iris, traumatic, syphilitic, miasmatic, or tuberculous. The chief point to be considered by the practitioner is that all forms of iritis require precisely the same local treatment, that this treatment is demanded from the very beginning of the first stage of the inflammatory process until the last vestige of it has disappeared. It is customary to prescribe the sulphate of atropin for this purpose, and while it is in most cases promptly efficient there are certain objections to it. The only object to be secured by any local treatment in any form of iritis is to dilate the pupil and relieve pain. It unfortunately happens that the sulphate of atropia, which uniformly dilates the pupil, does not always relieve the pain; *per contra*, it sometimes greatly intensifies it by increasing the tension of the eye and in this way often endangering the safety of the organ. The hydrobromate of homatropia in my own experience, which extends over a period of more than two years of active practice, both private and at the Hospital College clinic, covering hundreds of cases, induces me to rely implicitly upon it for a prompt dilatation of the pupil and a prompt diminution of the pain. In all forms of iritis I use a solution of homatropia in the proportion of one grain to the dram of distilled water, and of this instill into the eye one drop every five minutes until the pupil is dilated and the pain abated. I prescribe an interval of not more than three hours for the repetition of the local application. I have never witnessed any constitutional disturbance from the use of this solution even in children so young as seven years of age. All forms of iritis except the traumatic require constitutional treatment based upon a consideration of the cause and nature of the constitutional disease which has its local manifestation in the iris. I have seen violently acute forms of iritis arrested in forty-eight hours by the administration of an aperient followed by one decided dose of quinine, say fifteen or twenty grains of the sulphate, the local treatment being promptly and persistently carried out. Cases of syphilitic inflammation of the iris require of course to be discriminated if it is possible to do so; if the inflammation have its seat in the iris, gummata will appear in the substance of the iris, upon its surface, or upon the margin of the pupil. These will be recognized by a nodular elevation, interstitial circumscribed swelling, or by tubercular projections from the margin of the pupil; but in some cases the syphilitic manifestation is not present in the iris, it may occur in the ciliary body, in the ciliary muscle, or in the canal of Schlemm, producing an iritis often more difficult to control than that which has its origin in the iris proper. The iodide of potassium in progressively increasing doses, taken always in a glassful of cold water, and at intervals of from four to six hours, with the local use of hydrobromate of homatropia and smoked glasses to protect the eyes from light, constitute as nearly a specific line of treatment for syphilitic iritis as one may desire. To recapitulate now: all forms of iritis should be treated by the local application of some non-irritating mydriatic, the best of which is hydrobromate of homatropia; next to this daturia stramonium or its alkaloid, the sulphate of daturina; next to this the sulphate of atropia or

or *duboisia*. The constitutional treatment should be of the nature suggested by the character of the constitutional disease which has caused the iritis.

Dr. J. M. Mathews of Louisville, speaking on the subject of operations upon hemorrhoids during the inflamed state, said :

I do not think that any physician or surgeon engaged in practice long will deny the frequency of hemorrhoids. I was much interested in the remarks of Dr. Holland on the "Cause of Consumption," especially those which related to the fact that the disease was unknown among Indians previous to the advent in their midst of the white man. It is a notorious fact, stated by Dr. Van Buren, that in his experience among the Indians he never saw one of them with hemorrhoids. I find, in my dealings with this especial class of patients, that often the symptomatology of the affection is not quite understood. I do not mean to say there is no physician who can not diagnose a case of piles, but that there are quite a number who do not make a diagnosis. I find that even the authors themselves differ as to the pathology of a pile. I take it that a pile is in reality a tumor. If this be true, the fallacy of injecting hemorrhoids with an acid for their cure can be readily seen. Those persons who have advocated the injection of hemorrhoids have never limited the injection to any special kind of tumor.

How is a pile formed? The simple passage of hard feces through the gut, in persons the subject of constipation, repeated at intervals, is sufficient to begin an irritation ending in plastic infiltration of the tissue, the final result of which is a pile. I take issue with one of the authorities who characterizes this tumor as a vascular tumor. I take it there is confusion in this; he means the tumor is well supplied with blood. In reality the vessel which feeds it can be felt at the top pulsating with a beat almost equal to that of the radial artery.

There are three varieties of these tumors :

First, the capillary, when the small vessels push into the folds of the mucous membrane without any infiltration at all. That is one kind; and it is a dangerous kind, from the fact that the circulation is free and rapid, being fed by an artery of considerable size. If ulceration take place over it and perforate it, there is danger that the patient will bleed to death. I have seen a case die from this cause.

If the chain of morbid phenomena be not checked, and the inflammation is allowed to continue, it goes on to the formation of the second variety, the venous pile. I received a letter, after I read a paper last year before this Society, from a gentleman in the South, asking me if I was not mistaken as to the veins in the rectum having no valves. In speaking of this I spoke of the circulation as being very slow and feeble. He took issue with me. The confusion in his mind arose from the fact of the blending of the portal and systemic circulation; it had not occurred to him that reference was had to the absence of valves in the superior hemorrhoidal veins. Some relief is afforded from this condition by blending with the middle and inferior hemorrhoidal. There is occasionally a blending, likewise, with the portal and

systemic circulation, and therefore is it that obstruction in the liver causes one kind of piles. Other causes operate differently. It is my experience that piles may exist for weeks or years above the sphincter muscle, and the individual be unaware of their presence. This is a matter of considerable importance when it is considered that these patients often come before examining boards for pensions or life insurance. They ask the question, "Have you ever had piles?" and he answers "No." Then this individual is taken sick, and during his sickness it is discovered that he has piles, and it renders his policy void.

Now, admitting their existence, can the necessity of an operation be disputed?

From a variety of causes, piles are liable to become inflamed, and once inflamed, they may easily become strangulated by passage below the sphincter; every thing is aggravated in this condition, and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says "operate upon a pile during the inflamed state," but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago I was called to a distinguished lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action for two or three weeks. I found hanging down from the anus two solid tumors; I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction that man was out of the house in one week's time. Another case: A young man had a mass of inflamed tumors hanging from him larger than my fist. It would have taken several weeks to abate the inflammatory trouble, and I ligated the whole mass. I went to see him the next morning. I was told by the people at the house that he had rested well all night, and got up early in the morning and went out. They sent for him, but he could not be found. Three days later I received a postal from Cairo, Ill., saying he was that far on his way home and was all right. When he got home he wrote me that he was entirely well. Since then I have had, I suppose, five or six cases of similar character, in which the proceedings and results were similar, I have therefore concluded that instead of applying remedies to relieve the inflammatory trouble, they should be operated on at once.

Dr. J. W. Holland, of Louisville, read a paper on Diphtheritic Paralysis (which will appear in full in this journal soon), and a paper on Infantile Tetanus, by Dr. J. A. Larrabee, of Louisville, was read by title.

**DISEASED MEAT.**—A case, showing the importance of an efficient inspection of meat markets is recorded Leicester. Four children and their parents were seized with violent illness as the result of eating calf's liver, and one of the children, aged nine, died. It was found, on investigation, that the liver came from an animal which had been slaughtered for disease.

## Miscellany.

PUBLIC BEQUESTS OF THE LATE PROF. S. D. GROSS.—The will of the late Dr. Gross has been admitted to probate, and contains the following public bequests:

"I give and bequeath my medical library, my museum, and diagrams to one of the following institutions: The Jefferson Medical College, or the Philadelphia Academy of Surgery, or the College of Physicians of Philadelphia, the choice of said institutions to be made by my executor, in his free and uncontrolled discretion; provided, however, that such institution so accepting shall furnish a fire-proof apartment for my medical library and shall call it the Samuel D. Gross Library. If the institution so chosen does not accept this bequest, then I leave it to one of the following: The University of Pennsylvania, or the New York Academy of Medicine; also to be made at the selection of the executor, and with the same provision as above.

"I give and bequeath to one of the following institutions: The Jefferson Medical College of Philadelphia, Academy of Surgery, or College of Physicians of Philadelphia, the choice of said institutions to be made by my executor in his free and uncontrolled discretion, the sum of \$5,000, the principal of which is to be invested by said institution as a permanent fund, and the accumulated interest or income therefrom arising to be paid every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages octavo in length, illustrative of some subject in surgical pathology or surgical practice founded upon original investigation; the candidates for the prize, which is to be called the Samuel D. Gross Prize, to be American citizens."

In a codicil he provides: "That all my medical books, with the exception of those mentioned in my will, and also my office book-cases, be given to the Philadelphia Academy of Surgery, in trust, to be held by it so long as it shall exist as an independent and distinct organization. At the end of that time I decree that they shall be given to the College of Physicians of Philadelphia, or to any respectable or permanent institution that the Academy may select for the purpose, my children, if any survive, also having a voice in the choice."

The executor, Mr. A. Haller Gross, has tendered, under the terms of the will, the

library and prize to the Philadelphia Academy of Surgery, and this body has accepted the trusts, and has arranged with the College of Physicians of Philadelphia for the deposit of the books in the library of the college, to be used in accordance with the general rules governing the College Library.—*Philadelphia Medical News.*

ANCIENT VACCINATION IN INDIA.—The Madras Times publishes a letter from a correspondent who asserts that vaccination was practiced from a very early date by the Hindoo Vythians. There will be found an extract of a letter to the Madras Courier, dated January, 1819, which is, as follows: "Inoculation for the cow-pox was known of old time to the Hindoo medical writers. To substantiate this statement it is necessary only to refer to the *Sacrya Grantham*. In this work, after describing nine several species of the smallpox, of which three are declared incurable, the author proceeds to lay down the rules for the practice of inoculation. From this part the following extract is taken: 'Take the fluid of the pock on the udder of a cow, or on the arm between the shoulder and elbow of a human subject, on the point of a lancet, and lance with it the arm between the shoulder and elbow until blood appears; then, mixing the fluid with the blood, the fever of the smallpox will be produced.' If further proof is required that long before the English came to India inoculation proper was practiced, a translation of a paper in the language of Orissa called *Odiah*, describing the manner in which the inhabitants of villages are inoculated by *Odiah Brahmins* is given below: 'A certain quantity of cotton to be wetted with the matter of a favorable smallpox, and from two hundred to four hundred people assembled on Sunday and Thursday, a cut to be given upon their arms with an instrument.' Smallpox was accurately described by Rhazes, an Arabian, about the year 900. It is supposed to have been introduced into Europe by the Saracens."—*Medical Press.*

AT the dinner given on June 5th in honor of Dr. Alfred Stillé by the medical profession of Philadelphia, Dr. Austin Flint, sr., made the following graceful allusion to the death of Dr. Gross:

It was my good fortune to be a guest at a dinner in this place somewhat over a year ago, on an occasion of which I shall always cherish the most grateful recollection. On

that occasion, the seat which I occupy to-night was occupied by one whom we all miss on the present occasion. I should not make this allusion if I supposed it would cast a gloom over this meeting. It should not. The departure to another world of one ripe in years, who has lived a useful life, and who goes laden with those riches of the mind and heart which, as we may believe, are carried beyond the grave, is not to be regarded in the light of a calamity, except as regards the deprivation of those who remain. It is pleasant to think that, although of the body of our beloved friend only his ashes are left with us, he still lives, and that he may be in some way cognizant of the events in this world. He may be cognizant of this meeting, and, if so, I know from my intimate friendship for many years, that he yearns to make known to us how thoroughly he is in sympathy with our present enjoyment, and with the special object which has brought us together.

**DIPHTHERIA AND MICROCOCCI.**—According to the remarks of Dr. H. C. Wood, in the recent meeting of the Pennsylvania State Medical Society, there is in the ordinary natural saliva of every person's mouth a micrococcus or plant that can not be distinguished from the micrococcus of the most malignant diphtheria; they were, as far as could be discovered, identical. The same micrococci were found in great abundance in cases of puerperal metritis, sloughing sores, and gangrenous wounds; from which he infers that diphtheria is not a specific disease, but simply a putrid or septic sore throat, of greater or less severity in different cases. This is returning very nearly to the opinions derived from clinical observation fifty years since.—*Journal of the American Medical Association.*

THE Pennsylvania State Medical Society has indorsed the passage of an act now before the legislature regulating the practice of pharmacy, and adopting measures to prevent adulteration in drugs and medical preparations. A resolution was also adopted appointing a committee of seven to inquire as to the best method of making the diploma, which permits a man to enter upon the practice of medicine in the State of Pennsylvania, a real guarantee of his proper qualification for the work.

Of this resolution the editor of the *Journal of the American Medical Association* says: "We fear that it may take seven very

wise men a long time to discover a practicable method for accomplishing the object proposed."

THE American Practitioner for June presents its readers with the following classic tribute to the memory of Gross. It should be engraved upon his urn:

#### IN MEMORIAM.

##### WITHIN THIS URN LIE THE ASHES OF SAMUEL DAVID GROSS

###### A Master in Surgery

His life, which neared the extreme limits of the Psalmist,  
was one unbroken process of Laborious Years.

He filled Chairs in Four Medical Colleges in as many  
States of the Union,  
and added Luster to them all.

He recast Surgical Science as taught in North America,  
Formulated anew its Principles,  
Enlarged its Domain,  
Added to its Art, and imparted fresh Impetus to its Study.

He Composed many Books, and among them

###### A System of Surgery

Which is read in different tongues, wherever the Healing  
Art is practiced.

With a Great Intellect, carefully trained and balanced,  
He aimed with undivided Zeal  
At the Noble End of Lessening Human Suffering  
and Lengthening Human Life,  
And so rose to the Highest Position yet attained in Science  
by any of His Countrymen.

Resolute in Truth, he had no Fear, yet he was  
both Tolerant and Charitable.

Living in Enlightened Fellowship with all Laborers in the  
World of Science,  
He was greatly Honored by the Learned in Foreign Lands  
and deeply Loved at Home.

*Behind the Veil of this Life there is a Mystery which he  
Penetrated on the*

Sixth day of May, 1884.

###### HIS MEMORY

Shall Exhort and his Example shall Encourage and Persuade  
those who come after him to Emulate Deeds  
which, Great in themselves,  
Were all Crowned by the Milkwhite Flower of a  
Stainless Life.

**LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.**—At the regular annual meeting for election of officers, held on Friday, May 30th, Dr. J. W. Holland was made President, Dr. Ap Morgan Vance, Vice-President, and Dr. R. Maupin Ferguson, Secretary, for the ensuing year. The retiring President, Dr. Douglas Morton, delivered an appropriate address, in which the work of the Society for the past year was passed in review.

IN a bill recently introduced into the United States Senate \$100,000 is offered as a reward to be given to any person who shall discover the true germ of yellow fever, or any certain way of preventing or modifying the spread of the disease.

## The Louisville Medical News.

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H. A. COTTELL, M. D., . . . . . Editor.

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### RECTAL ETHERIZATION.

A correspondent of the New York Medical Journal, who gives evidence of medical antiquarian possibilities, calls attention to the fact that rectal etherization is an old forgotten procedure, recently revived in France and elsewhere. The editor of the New York Medical Journal, with many others (and since the company is so good, we wish to be included in the list) who in recent articles have mentioned the measure as a "therapeutic novelty," he rebukes in the following learned paragraph:

I beg leave to call your attention to the following two facts: (1) This *modus operandi anæsthetica* was devised by Pirogoff. (2) That it was done so shortly after the discovery of the anesthetic virtue of ether. Ether, as we know, was first used in 1846 by Morton, and it was but one year later that Pirogoff brought forth this method (Pirogoff's "Kriegs chirurgie," edition 1864, p. 1061). The practical application of this plan was rendered comparatively simple through the introduction of an apparatus constructed by von Bruns not long after (von Bruns's "Chirurgische Heilmittelkunde," edition 1873, vol. i, p. 311). "Credit to him to whom credit is due."

Our able contemporary justifies the term used on the principle that, though rectal etherization, like cremation, may have been practiced in times agone, it is generally looked upon as a novelty at the present time. As to the "credit," the editor says:

"It seems to us tolerably clear that no New York surgeon will grudge any body whatever credit may attach to the introduction of rectal etherization."

As for ourselves, we shall have to confess that we did not know the facts of the above item, though we claim to have had an unexpressed doubt as to the novelty of the method, in the fact, which we mentioned, that it was suggested to Molliere by a Danish physician.

We take it that the hard-worked editor of a weekly journal may be pardoned for not being at home in Pirogoff's "Kriegs chirurgie," but what excuse can be found for those metropolitan surgeons who, in gross ignorance of that evidently elementary work, von Bruns's "Chirurgische Heilmittelkunde," and in consequent neglect of the apparatus by which its author "rendered the practical application of the plan comparatively simple," used their own rude inventions to the hurt of so many of their patients?

We would suggest as an approximately adequate punishment, that they be required to say or try to say "Chirurgische Heilmittelkunde" until their jaws shall break or fly out of joint, and that the fractures or luxations, as the case may be, be set or reduced under the "modus operandi anæsthetica" as recently practiced in New York.

### WILLIAM HARVEY HARDISON.

It is with profound sorrow that we record the death of Dr. William Harvey Hardison. He died in Fort Worth, Texas, on the 26th of May, after an illness of fifteen days.

The Texas Courier-Record, through its senior editor, pays tribute to his memory in language which shows that his earnest work and beautiful character had won for him the honor and love of the profession in his new field of labor.

The readers of the News will remember Dr. Hardison as the author of a series of spirited letters which appeared in our col-

umns from time to time during the summer of 1883. These letters were written from London, which he visited, with Paris, Glasgow, and Vienna, for the purpose of giving special study to the diseases of the eye and ear. Returning from London in October, he remained in Richmond, Ark., the field of his former labors, until January, 1884, when he moved to Fort Worth and entered upon the practice of his specialty.

Young, hopeful, cheerful, kind-hearted, and generous, he made friends wherever he went. Ambitious, studious, and industrious, his brief career gave every promise of brilliant success.

"Thy leaf hath perished in the green,  
And, while we breathe beneath the sun,  
The world which credits what is done  
Is cold to all that might have been.

"So here shall silence guard thy fame :  
But somewhere, out of human view,  
Whate'er thy hands are set to do  
Is wrought with tumult of acclaim."

#### KENTUCKY STATE MEDICAL ASSOCIATION.

The President-elect of the State Medical Association is Dr. Pinckney Thompson, of Henderson. Dr. Thompson has been for many years an active and useful Fellow of the Society, while, as an influential member of the State Board of Health (being at this time its president), he has done good service in the cause of State medicine.

His appointment to the presidency of the State Society is a compliment to the Board and a fitting recognition by the profession in Kentucky of his worth and worthiness as a physician and a man.

DR. KOCH, the President of the German Cholera Commission, is described as of "medium height, very thin, with a serious, energetic, *spirituelle* student's face. His beard is brown, but his hair is becoming gray, and this, together with his glasses, makes him seem to be older than forty or forty-one."

#### Bibliography.

**Diagnosis and Treatment of Diseases of the Heart.** By CONSTANTINE PAUL, Member of the Academy of Medicine, Physician to the Lariboisière Hospital. Translated from the French. Wood's Library of Standard Medical Authors, 1884. New York: William Wood & Co. 1884.

This work is an octavo of three hundred and thirty-five pages. It is illustrated with nearly a hundred well-executed woodcuts.

The pathology of the various forms of cardiac disease is most minutely described, and the methods of diagnosis are presented in a careful and systematic manner. Functional derangements are well considered, the obscure Basedow's disease having devoted to it a short but very instructive chapter. New growths and parasites receive due attention, and the subject of thoracic-aortic aneurism is discussed at length.

Eight chapters are devoted to the treatment of cardiac affections, and though brief, each one contains as much material as the *materia medica* and therapeutics of the subject warrant at this time.

Digitalis, convallaria, and bromide of potassium are, in the author's opinion, among the most important remedies. The virtues first being of course well established, he follows in its use the teachings of authority. To convallaria he attaches rather more importance than seems to have been accorded it by some of our recent investigators. He calls it a true heart tonic, particularly of the myocardium. From observations made upon patients suffering with fatty degeneration, he claims that the bromide restores the cardiac rhythm by affecting directly the myocardium, since the rhythm does not depend upon the cardiac nerves. Nitrate of amyl is given a high place in the treatment of angina pectoris, but nitro-glycerine is not mentioned among his remedies.

**On the Treatment of Gonorrhœa.** By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin. Fifth Edition. Wood's Library of Standard Medical Authors for 1884. New York: William Wood & Co. 1884.

A call for a fifth edition of this standard work proves that the therapeutics of gonorrhœa are not fixed, and that in searching for satisfactory instruction relative to the management of this disease, the profession

has found the teachings of our author well worthy of consideration.

The work is an octavo of three hundred and six pages. The author gives a scholarly survey of the history of the affection, and devotes a well-written chapter to its pathology, but in this, forty-nine pages only of the work are consumed, the remainder, excepting a chapter on the pathology and treatment of gleet, being devoted to the all-important question of treatment. This subject the author handles in the light of large experience, shrewd observation, science, and sound common sense.

He reviews the methods practiced by Sydenham, Moyle, Martin, Turner, Cockburn, Astruck, Hunter, Howard, Foot, Sir Astley Cooper, and Judd, and makes a most interesting comparison between the old and new ways of dealing with gonorrhœa, to the credit of the new.

He denounces all so-called specifics, laying great stress upon the fact that scarcely any two cases will be found curable in the same length of time or equally amenable to the same remedies.

Any doctor who may be desirous of passing in review every remedy and method of treatment for gonorrhœa known or employed in ancient, comparatively old, or recent times, with a view to the elimination of the worthless and preservation of the good, should give this work careful study.

**Legal Medicine.** By CHARLES MEYMOPT TIDY, M.B., F.C.S., Master of Surgery, Professor of Chemistry and Forensic Medicine at the London Hospital, etc. Vol. iii, Wood's Library of Standard Medical Authors for 1884. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

This volume, an octavo three hundred and nineteen pages, is but a continuation of its author's studies and investigations in legal medicine. It is made up in the main of notes prepared for a course of lectures delivered at the London Hospital during the summer session of 1882. The topics discussed are: Legitimacy and Paternity, Pregnancy, Abortion, Rape, Indecent Exposure, Sodomy, Bestiality, Live Birth, Infanticide, Asphyxia, Drowning, Hanging, Strangulation, Suffocation.

Each topic is handled with characteristic skill, every essential point being illustrated by test cases. Statistical data are liberally employed, and no collateral item of information which can in any way contribute to a

clear understanding of any given case is omitted.

The author is too well known through his two preceding volumes to require any extended notice, and those who take interest in legal medicine will be only too glad to learn that he has further enriched the literature of this subject by contributing to it a new volume.

## Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The mixture of chloroform with air in certain proportions, and the apparatus proposed by M. Paul Bert to produce anæsthesia, have been frequently described in the medical journals, and both were represented not only as novelties but as being the only safe method of administering the anesthetic. MM. Gosselin and Richet, however, endeavored to disabuse the Academy of Sciences, and through it the public, of the real value of such an assertion.

In the first place, Professor Gosselin, the eminent surgeon of "La Charité" Hospital condemns the use of any apparatus for the inhalation of chloroform, and does not approve of uniform doses, which may be employed in animals submitted to experiments, but are totally inapplicable to human subjects owing to the infinite varieties of their nervous systems.

Professor Richet, the well-known surgeon of the Hôtel Dieu, stated that the number of experiments (22) on human subjects was not sufficient to form the basis of a method, and as up till now there had been only one death in twelve thousand cases operated on under chloroform, he saw no reason why he should give up a simple method which consists of sprinkling a few drops of chloroform (about one half a dram at a time) on a folded handkerchief or other soft linen, applying it to the patient's nose, and renewing the dose until anesthesia is produced, to adopt in its stead the clumsy and complex apparatus proposed by M. Paul Bert, which, after all, is simply a modification of Clover's apparatus, invented by the latter about a quarter of a century ago, but which is now scarcely ever employed, owing to the number of accidents which have occurred by its use.

The subject of rabies, or, as it is termed by our French neighbors, "*la rage*," has

caused some sensation in Paris, owing to the announcement made by M. Pasteur at a recent meeting of the Academy of Sciences to the effect that he had discovered the remedy for hydrophobia. It consists in inoculating a subject with the rabid virus, which virus had previously traversed the organism of another subject. The virus thus obtained is so modified as to become inoffensive to the subject inoculated with it, and it affords an immunity not only against a possible attack of the disease, but it also acts as a curative agent if applied when a patient is actually affected with hydrophobia. This made a facetious Parisian paper say that henceforward any person bitten by a mad dog has but to present himself at the Normal School Laboratory, where he may be inoculated by M. Pasteur with the rabid virus, and thus be rendered proof against the disease.

During his experiments M. Pasteur discovered the fact, that if the virus be transmitted from the dog to the monkey and then from monkey to monkey, the virus is so attenuated that an animal inoculated with it will not be affected with rabies, and yet it will be preserved against the disease if inoculated accidentally or intentionally with the virus from a mad dog. In the rabbit, however, the virulence of the virus is augmented, and in its passage from rabbit to rabbit it becomes still more intensified, and if a dog be inoculated with this intensified virus a far more aggravated form of the disease will be produced than that observed in ordinary rabies, and it will invariably prove fatal.

The brilliant results obtained by M. Pasteur seem so incredible and so unlikely to be readily accepted by the public, in and out of the profession, that the eminent biologist has thought proper to request the appointment of a commission, composed of members of the academies and of other competent judges, to verify his statements. M. Pasteur proposes to perform the experiments in presence of the commission, which consists in taking from his kennels twenty dogs rendered proof against rabies by his method, and twenty are to be in their natural state. These forty dogs will be bitten by mad ones, and if the facts enunciated by him are exact, the twenty dogs that he believed to be proof against the disease will remain healthy, while the other twenty will become affected. For a second experiment M. Pasteur proposes to place before the commission twenty inoculated and

twenty uninoculated dogs. He will then inoculate the forty dogs in the most sensitive parts with virus taken from a rabid dog. The twenty inoculated dogs, he affirms, will resist, and the other twenty will all die of madness, either paralytic or furious.

The commission is formed, and a piece of ground is placed at M. Pasteur's disposal to carry out his experiments, but he is unable to do so, as the Minister of Finance stated that he could not advance the necessary funds for such a purpose.

Before, however, commencing operations, I think M. Pasteur and his staff ought to be inoculated as proposed by him, which would not only be a proof of his faith in the operation, but he would, according to his own theory, be protected against any risk during the experiments.

Apropos of this suggestion I may mention that a young medical student has bravely offered his services to M. Pasteur for the purpose of being inoculated with the rabid virus, and thus, as the student says, he will be glad to serve the cause of science even at the risk of his life.

The society for improving the canine species in France has offered to M. Pasteur a gold medal for his interesting researches on rabies.

M. Chanveau, professor of Experimental and Comparative Medicine at the Faculty of Lyons, forwarded a paper to the Academy of Sciences, which was read by M. Bouley at the same meeting at which M. Pasteur gave an account of his experiments with the rabid virus. In this paper M. Chanveau announces that he has succeeded in attenuating the virulence of various viruses by the action of oxygen, which would singularly simplify the process of inoculation and would permit one to employ a virus a long time after its preparation.

A Frenchman, who went by the assumed name of Campi, committed, about three months ago, a most atrocious double murder, for which he was convicted and sentenced to death. His advocate and other friends interceded in his behalf to obtain a respite of his sentence, but President Grevy, though he has practically abolished the sentence of death in this country, could not, in this case, be moved to grant a respite, or even a commutation of the sentence. The execution accordingly took place about the beginning of the month, when the man was guillotined. The body with the head was immediately taken to the cemetery, and after having gone through

the formalities of burial, was disinterred and carried off to the School of Medicine, whence the head was sent to the laboratory of the Anthropological Society, and the body was divided between the Physiological and Histological Laboratories of the Faculty. After measuring the skull and taking note of the protuberances, the brain was examined and found to weigh one thousand three hundred and fifty-seven grams, which is considered a fair average. The results of the other investigations have not yet been published.

At the last concourse for the post of Hospital Surgeon, Dr. Nelaton, son of the late distinguished surgeon, and Dr. Prengueber were the successful candidates.

PARIS, May 30, 1884.

## Selections.

**CHLORAL HYDRATE AS A VESICANT.**—Powdered chloral sprinkled on adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh) is applied while warm to the part where the blister is wanted; within a few minutes a gentle heat is felt, increasing in intensity for a short time, then gradually easing off, and at the end of about ten minutes the part is free from pain. At the expiration of this time, or as soon as the pain has subsided, the plaster, if removed, will disclose a surface as effectually blistered as by a cantharidal plaster after six hours. Thus within about ten minutes the work of an old-fashioned blister is accomplished, with many advantages over the latter, (1) rapidity of action, (2) the ease of application, (3) the non-occurrence of strangury, and (4) farther, it may never be taken off to have the blister dressed, but may be allowed to remain until the plaster loosens and comes off itself. The blistered surface in the meanwhile healing kindly.—*A. M. Faundleroy, M. D., in the Southern Clinic.*

**CONVALLARIA MAJALIS.**—Dr. Isaac Ott (*Archives of Medicine*, February, 1883), from an experimental study of the drug, has drawn certain conclusions, to-wit:

1. That convallaria increases arterial tension greatly, at the same time the heart begins to beat more frequently. That the heart begins to fail before the tension.
2. The decrease of cardiac frequency is not due to cardiac inhibitory excitation, but

to an action of the heart itself — probably on its muscular structure.

3. The rise of arterial tension is mainly due to stimulation of other vaso-motor apparatus than the main monarchical vaso-motor center.

Clinical study and observation have shown that the drug exerts no direct harmful influence upon the central nervous system, and clearly establishes the fact of its freedom from cumulative or sudden syncopal action.

The drug deranges neither the stomach nor bowels. While slowing the beatings of the heart, it increases arterial tension, thereby, most probably, augmenting the volume of the urine by the increased pressure upon the malpighian tufts.

Like digitalis, this drug stimulates the heart to vigorous contraction, promoting thereby the expulsion of its contents, with an improvement to both the systemic and pulmonary circulation.

The therapeutical application of this agent is the rational outcome of its physiological action, and beneficial effects may be confidently anticipated in all cases of cardiac irregularity and disturbances arising from *feebleness of the heart*, whether associated or not with valvular derangements. In short, this agent may be employed whenever digitalis is applicable, with the advantage over the latter drug of perfect safety. From a clinical study of its uses extending over two years, I am fully assured of its value as a heart stimulant and tonic, analogous in action to digitalis, though inferior as a diuretic to the latter drug.—*Ibid.*

**IRRITATION OF THE CAPSULE OF GLISSON.** (Read before the American Medical Association, Section on Practice of Medicine, by Dr. R. Harvey Reed, of Ohio). This is a periodical affection located in the liver or capsule, affecting the tunic of the liver and penetrating to the lobules of the organ, and often partakes of a rheumatic character. It is characterized by darting pains of a burning or boring character, coming on usually at night. It is not ushered in by a chill, nor is it accompanied by febrile disturbance, loss of appetite, headache, or constipation. It occurs sufficiently often to merit special attention, as Dr. Craig, of Ohio, says he has seen five cases in a year, and the author has observed it twenty-five times in six years. The affection generally attacks those who follow sedentary occupations, and is more frequently observed in women. It is a disease of middle life, is more frequent in those

not addicted to alcoholic stimulants, and is often associated with rheumatism. Its onset is often insidious, the patient feeling, at times, slight pain in the hepatic region, to which he pays but little attention. With each return, however, the attacks become more severe and the intervals shorter. The history of a paroxysm would be somewhat as follows: The patient goes to bed well, is awakened by severe pain of the character above described, which in the less advanced stages of the disease will subside by morning, leaving the patient as well as usual. With each return the severity as well as the duration of the attack increases, and it sometimes lasts for several days. The pain is confined to the hepatic region, and is burning, boring, and lancinating in character. The tongue may be somewhat furred, and there is sometimes vomiting, but there is no increase in the temperature, nor is there headache or jaundice. There is slight tenderness on pressure over the liver, it is not perceptibly harder, there is no change in the size of the organ, and no sign of hob-nail liver. The stools contain no gall-stones, and the urine is normal. In the later stages of the disease there may be a certain amount of emaciation. This disease must be differentiated from hepatic colic, interstitial hepatitis, congestion of the liver, perihepatitis, cirrhosis, and hepatalgia. Hepatic colic is excluded by the gradual onset and increase of the disease, by the occurrence of the attacks at night, while in hepatic colic they may occur at any time, especially after meals or exercise. The vomiting which so frequently accompanies the colic is generally absent. The absence of jaundice and failure to discover gall-stones in the stools complete the differential diagnosis. *Interstitial hepatitis* is differentiated from irritation of the capsule by its connection with alcoholic excesses; by the appearance of venous stigmata on the cheeks, etc.; by the presence of jaundice; the pain over the liver is constant instead of intermittent; there are nausea and vomiting on rising, and the loathing of solid food; diarrhea alternates with constipation, and the urine is scanty; there is occasional pyrexia, and there is obstruction to portal circulation, and enlargement of the liver, followed by contraction; there is often ascites, and a dry, harsh skin. Besides this, interstitial hepatitis is often a result of syphilis, while irritability of the capsule seldom is. In *congestion of the liver* there are enlargement, a continued sense of tightness in the hepatic region, jaundice, nausea, ano-

rexia, furred tongue, headache, disturbances of digestion, vomiting, diarrhea, dyspnea, drowsiness, signs of portal obstruction, urine scanty and high-colored, temporary albuminuria. The attacks continue without interruption. In *perihepatitis* there is peritonitis, and the inflammation may extend to the capsule of Glisson. It may arise from traumatic causes. It is ushered in with a chill, followed by fever, and there is much superficial tenderness.

*Inflammation of the bile-ducts* occurs mostly in children and old persons. There is obstruction to the entrance of the bile into the duodenum—jaundice; it is preceded by gastro-intestinal catarrh, the pulse is slow, and there is no bile in the stools; while, in irritation of the capsule, the stools are normal. *Cirrhosis of the liver* can be readily differentiated by its history and signs. *Hepatalgia* is extremely rare, and occurs only in nervous women, being a purely functional disease. Irritation of the capsule may continue for years, and, if left to itself, has no inherent tendency toward recovery, but the prognosis as regards life is good. There are few diseases that yield more readily to well-directed treatment. The author relies mostly on alkalies and bitter tonics—his favorite combination being bicarbonate of soda with pulv. hydrastis canadensis. Soda et potass. tart. and infusion of gentian are often serviceable. Mercurials are seldom useful. It should be remembered that it may be complicated by rheumatism, malaria, and disease of the liver, which must, of course, affect the treatment. Stimulants and condiments are to be avoided, regular habits enjoined, and active exercise according to the patient's strength advised. Baths containing chloride of sodium, conjoined with rubbing, are beneficial. During the attack morphia may be used hypodermically, and local application of heat affords relief. Anodyne treatment should be suspended as soon as possible.—*Medical News.*

**THE CLINICAL STUDY OF EPILEPSY.**—(A paper read by Dr. William Pepper.) He said that our conception of epilepsy was necessarily broad and somewhat vague. It would be well to exclude, if it were possible, from the category of the affections grouped under this name, all cases in which there are definite anatomical lesions, but while this can be done in certain cases, for instance, where there is a cerebral tumor, it is often impossible, and probably a large number of cases of so-called epilepsy are really associated

with some anatomical lesion. He referred to a case of a physician who was forty-four years old when he died. When he was twenty-three years old he received a severe injury to his head, which was followed by convulsions. He recovered, and engaged in active practice. After eighteen years he had a convulsion following a period of over-work. After this, convulsions returned every four to six weeks without any cerebral symptoms. Bromides failed to produce any effect, but temporary recovery followed the use of the actual cautery and rest. A relapse occurred on returning to work; trephining was resorted to, and a depression of the internal table of the skull was found and raised; a spicule of bone was found pressing on the brain, in which were two small abscesses. These were certainly caused by the injury eighteen years before. Besides the difficulty of excluding anatomical lesions, it is sometimes hard to exclude hysteria, and the two conditions are sometimes combined.

One of the fundamental elements in the production of epilepsy is morbid instability of nerve tissue. Heredity has a marked effect, and so has nervous exhaustion from rapid growth or after severe diseases, as typhoid fever or scarlatina. A very frequent cause is shock, whether psychical, or from mechanical injuries, or, and this very frequently, sunstroke. Instability of the circulation through the brain is an important factor, as are also anemia and cardiac disease; so also, prolonged peripheral irritation, as in protracted teething, undue sexual excitement, and intestinal irritation. Epilepsy is then not a distinct disease, but results from morbid instability and irritability in the gray matter of the encephalon. There are cases which are marked by progressive molecular changes, and more or less regular manifestations, but this is uncommon. The evil effect of habit is often seen in this disease, and unless the tendency is avoided the attacks become more frequent. Sometimes the slightest cause is sufficient to bring on an attack, such as a noise or an indiscretion in diet—this last is a frequent cause, by impairing nutrition and lessening the stability of the nerve tissue, either by reflex action or by the blood being poisoned by the products of malassimilation.

It is not infrequently associated with lithemia. It often follows scarlatina, either from exhaustion from the disease, of widespread tissue changes, or by inducing renal changes, which, while not sufficient to show the existence of albumen, are sufficient to cause a

certain amount of toxemia. Dr. Pepper called attention to the frequency of the prodromic signs which occur in epilepsy, such as loss of appetite, pains in various parts of the body, changes in the appearance of the face, foul breath, digestive disturbances, and dwelt upon the effect of excitement in the production of the attacks, whether the excitement be from sexual intercourse or alcohol, from intellectual overwork (especially noted when there was competition, as in examinations), or from anxiety. Overwork or severe strain, especially when connected with cardiac disease, excessive heat, brilliant sunshine, bad air, all conduce to bring on an attack in those who are subject to epilepsy. It rarely happens that epileptics are in really good health.

In regard to the treatment, Prof. Pepper thought that while the bromides were of incalculable benefit, they had been used too much as matters of routine treatment, and had led to the overlooking of the still more important subjects of attention to dietetics and hygiene, and the administration of medicines on general principles. The bromides control, but do not cure epilepsy. The peculiarity of each case must be studied and a suitable regimen must be inaugurated, and the primary, underlying, or provoking causes must be searched out and treated on general principles. Thus, lithemia and anemia must be met with appropriate medication, and very often it will be found that prolonged rest is most serviceable. This is especially the case where there is cardiac involvement. In these last cases, also, digitalis is often found, useful. So also gastro-intestinal irritation must be treated when present. In these cases, silver nitrate, zinc, or arsenic is valuable. Where there is any local irritation it must be removed. Counter-irritation, as by actual cautery to the spine, is most useful, especially where there seems to be cranial involvement. It is specially useful in cases caused by sunstroke. Trephining should be done oftener than it is. The influence of adherent prepuce has been somewhat over-estimated. Pure milk diet is useful.

During the attack nitrite of amyl is most helpful, and is important for the breaking up of the habit. Returning to the bromides, he thought they often injured by irritating the stomach. He used them in the smallest dose that would have the desired effect. He had often seen enemas of chloral hydrate act admirably. This mode of administration is specially indicated in cases in which there is irritability of the stomach.—*Ibid.*

**CYSTICERCUS OF THE BRAIN.**—In the March number of the *Archives de Neurologie*, M. Bernard records a case of this somewhat rare affection. The patient was a man, aged twenty-four years, who had suffered from attacks of headache and vomiting for a year when he came under observation. These attacks were accompanied by vertigo and transient loss of vision. Latterly the headache had become constant; there was no loss of motor power, but the patient staggered in walking, and complained of numbness in the right side of his face and tongue. There had also rapidly ensued impairment of vision. On examination, there was marked retraction of the field of vision, especially on the right side; his color fields could not be taken, the visual acuity was much diminished on the right side. The pupils were dilated, and very sluggish both to light and during accommodation; there was a typical "choked disk" on each side. After his admission to the Salpêtrière the vomiting was checked, but he suffered much from headache and from vertigo, and he gradually became quite blind. He died from double pneumonia. At the necropsy, a small sac was found just in front of the optic commissure, but not having any direct relation to it; a second sac was seen depressing the second frontal convolution on the left side; and a third embedded in the wall of the fourth ventricle, on a level with the left eminentia teres. There was evidence of inflammation of the ependyma here, and a general increase of cerebro-spinal fluid. It is to this third cyst that the author would attribute all the symptoms observed. The cysticercus which was found in it measured five millimetres in length, four in width, and three in depth.

**THE BANDAGE AS A CAUSE OF HOUR-GLASS CONTRACTION OF THE UTERUS.**—Dr. J. J. Gorham, writes in the British Medical Journal: Mrs. K., who had previously nine children, all with one exception natural labors, sent for me on her tenth confinement. On my arrival at the house, the os and passages were fully dilated, the head presenting at the brim; the membranes had broken an hour before my arrival. After waiting a short time, and seeing that the head had not advanced, I put on the long forceps and delivered, whereupon a second child was found in the uterus. This was turned and delivered, and, in the absence of any thing better at hand, I extemporized a binder out of a small

shawl, and after having given a full dose of ergot I waited for the completion of the third stage. After half an hour, the insertion of the cord into the placenta not being reached with the finger, I introduced my right hand with some difficulty through the os, and, after examination, I found complete hour-glass contraction, with the greater portion of the placenta imprisoned in the upper cavity. I had some difficulty in passing my index and middle fingers through the constriction, so tightly did it embrace the placenta; and, on manipulating with the left hand outside the abdomen, the cause of the mischief became at once apparent. The binder, instead of forming a firm support for the fundus of the uterus, had collapsed, and formed a constricting cord round the abdomen near the umbilicus. Removing the binder all difficulty ceased, the placenta was removed, and the woman recovered.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, June 8, 1884, to June 14, 1884.

The Army Medical Examining Board, New York City, is dissolved, to take effect June 14, 1884. *Brown, Joseph B.*, Lieutenant-Colonel and Surgeon, upon the completion of the business of the Army Medical Board, directed to comply with S. O. 44, current series, A. G. O., and return to New York City. *Clements, Bennett A.*, Major and Surgeon, directed to await orders in New York City. *Kimball, James P.*, Captain and Assistant Surgeon, granted leave of absence for two months and fourteen days, to take effect June 14, 1884, and ordered to relieve, August 28, 1884, Captain Robt. H. White, Assistant Surgeon, from duty at U. S. Military Academy, West Point, N. Y. *Captain White*, on being relieved, ordered to report in person to the Commanding General Department of California, for assignment to duty. *Sternberg, George M.*, Major and Surgeon, relieved from temporary duty in Surgeon-General's office, and ordered to assume the duties of attending surgeon and examiner of recruits, at Baltimore, Md. (S. O. 131, A. G. O., June 6, 1884.) *Finley J. A.*, Captain and Assistant Surgeon, relieved from duty at Fort Stockton, Texas, and assigned to duty as Post-Surgeon, Fort Concho, Texas. (Par. 4, S. O. 69, Hdqrs. Department of Texas, June 2, 1884.) *Middleton, Passmore*, Captain and Assistant Surgeon, leave of absence extended three months on surgeon's certificate of disability. (Par. 3, S. O. 134, A. G. O., June 10, 1884.) *Barnett, Richards*, Captain and Assistant Surgeon, Assigned to duty as Post-Surgeon, Mount Vernon Barracks, Ala. (Par. 2, S. O. 113, Hdqrs. Department of East, June 9, 1884.) *Gardner, Edwin F.*, Captain and Assistant Surgeon, relieved from duty at Fort Walla Walla, Washington Territory, and assigned to duty as Post-Surgeon, Fort Canby, Washington Territory. (Par. 1, S. O. 75, Hdqrs. District of Columbia, June 3, 1884.)

